Nebraska Commission for the Deaf and Hard of Hearing Quality Assurance Screening Test (QAST) Performance Evaluation Application



- It costs \$170.00 to take the QAST Performance Evaluation for Interpreting and \$170.00 for Transliterating.
- Payment must be received in advance.
- Make checks payable to the Nebraska Commission for the Deaf and Hard of Hearing (NCDHH), mail to 4600 Valley Road, Ste 420, Lincoln NE 68510-4844
- The below information is not shared with the evaluators prior to your screening.

Today's Date:	(month / date / year)
Name:	
Mailing Address:	
City:	State: Zip Code:
Home Phone: ()	Work Phone: ()
Cell Phone: ()	E-Mail Address:
Background Information How long have you been using sign language?	
What kind of interpreting/transliterating have you d □Education K-12 □Legal □Religious □Medical □Tactile □Private Prac □Other:	□ Post-Secondary Education ctice □ Mental Health/Substance Abuse
How long have you been interpreting?	
Have you completed an Interpreter Training Program? □Yes □No	
If yes, name of the program:	
Date of graduation from the program:	(month/year)
Is this your first time testing?	
This section is filled out by a staff member of the N	Nebraska Commission for the Deaf and Hard of Hearing.
Method of Payment: ☐Check ☐Cash Date of Payment: (month/	date/year) Amount Paid:
QAST Performance Evaluation Taken: □QAST Level 1-3 Interpreting □QAST Level 4-5 Interpreting □QAST Level 1-3 Transliterating □QAST Level 4-5 Transliterating	
Testing Location: □Lincoln □Omaha □North Platte □Other	•